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STATISTICAL BULLETIN
Metropolitan Life Insurance Co.

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FORTY-SIX MILLIONS PAID IN DEATH CLAIMS TO METROPOLITAN BENEFICIARIES DURING 1921

The Metropolitan Life Insurance Company paid in death claims during 1921, to beneficiaries under its policies, more than $46,000,000. The facts are given in the table on page 3. About 70 per cent. of this amount was paid on account of twelve important causes of death which are admittedly in the preventable or postponable class. These huge totals indicate the extent of the interest of life insurance companies in modern public health measures directed at the control or the prevention of disease.

Nearly $6,500,000 was disbursed on account of tuberculosis. More money was paid out for this disease than for any other single cause in the list. This amount, however, was slightly less than the claim payments for this disease during 1920. Heart disease showed an increase of nearly $500,000 in claim disbursements for 1921 over those for 1920. The total amount paid out for organic diseases of the heart on all classes of the Company's business in 1921 was $5,513,000. The improvement in the heart disease death rate in 1921 over 1920 was slight. Measures for the prevention of heart disease will, in time, lessen the toll of this group of diseases.

The increasing role of cancer in life insurance mortality may be seen from the payment of $4,249,000 in 1921 as against $3,645,000 in 1920. These claim payments on account of cancer constituted 9.4 per cent. of the total in 1921 as against 8.0 per cent. in 1920. The growing volume of claim payments for cancer is of less importance, however, than the fact of an increasing cancer death rate, which only emphasizes the inability of present-day medical science to effect any material reduction in cancer mortality.

The accidents constituted the next important group of causes of death. On this account, there was disbursed $3,610,000, an increase of practically $300,000 over the figures for 1920. Most of this increase may be attributed to drownings and automobile accidents. The claim disbursements for accidents increased from 7.2 per cent. of the total in 1920 to 8.0 per cent. in 1921. There were increased claim payments for accidental drownings, from $378,000 in 1920 to $489,000 in 1921; for falls, from $401,000 in 1920 to $418,000 in 1921, and what is more significant, an increase of $114,000 in the disbursements on account of automobile accidents. These automobile accidents required the payment of $694,000 in 1921.

There was a marked decline in the amount disbursed for influenza and pneumonia in 1921. In 1920, for these two diseases combined, the disbursement amounted to $8,255,000, whereas in 1921 only $3,642,000 was paid out. This represents a drop of $2,605,000 for influenza alone and of $2,008,000 for pneumonia. The year 1921 happened to be one of low incidence of the acute respiratory infections and the mortality returns for the year show, accordingly, low figures.

Bright's disease showed a slight increase in the amount disbursed. In 1920 the claim payments were $3,218,000 and in 1921, $3,349,000.

A decline was recorded in the claim payments on account of puerperal disease and conditions from $959,000 in 1920 to $948,000 in 1921.

There was a sharp increase in claim disbursements on account of suicides from $538,000 in 1920 to $881,000 in 1921. This followed the observed increase of the suicide death rate during a period of business depression and unemployment. An increase of more than $100,000 was observed for homicide claim payments. In 1920, $432,000 and in 1921, $535,000 were disbursed for homicide claims. A higher death rate from homicide has been in evidence for more than a year, and this influence is seen in the claim disbursement data also. There was a decline of about $40,000 in claim payments for railroad accidents and injuries. Typhoid fever disbursements increased from $426,000 in 1920 to $487,000 in 1921.

These figures show the extent to which preventable or postponable causes of death were responsible for claim payments among a representative group of American and Canadian policyholders. The social and vital losses suffered by communities through the death of wage-working citizens are far greater than the monetary losses sustained by the life insurance companies. The average amount

of insurance disbursed on account of a claim is much below the economic value of any life destroyed by one of these controllable diseases.

The health and life conservation work of the life insurance companies is aimed only incidentally at claim loss, because that is the lesser element of loss. The chief emphasis is placed upon *life saving,* because this means the conservation of economic and social values far greater than the amounts of life insurance involved. The services of breadwinners to families in the capacity of husbands and fathers, and to society in general as producers of national income, are beyond exact measurement in economic terms. The extension of the life span of wage-workers means that families are kept together, children are cared for longer in a natural, wholesome, home environment, the load upon public and private charities is lessened and the national well-being is advanced.

Amounts Disbursed on Account of Deaths from Specified Diseases and Conditions. Entire Experience of Metropolitan Life Insurance Company. Premium Paying Business, 1921

Disease or Condition	Amount*	Percent of Total
All causes of death	$45,209,172	100.0
Typhoid fever	486,886	1.1
Influenza and pneumonia	3,641,742	8.1
Influenza	482,936	1.1
Pneumonia—all forms	3,158,806	7.0
Tuberculosis—all forms	6,446,430	14.3
Tuberculosis of respiratory system	5,966,988	13.2
Cancer—all forms	4,248,675	9.4
Cerebral hemorrhage; apoplexy	2,926,443	6.5
Diseases of the heart	5,512,905	12.2
Chronic nephritis (Bright's disease)	3,349,434	7.4
Puerperal state	947,954	2.1
Total external causes	5,031,461	11.1
Suicides	880,871	1.9
Homicides	534,800	1.2
Accidents	3,609,545	8.0
Accidental drowning	488,880	1.1
Traumatism by fall	418,230	.9
Railroad accidents	357,333	.8
Automobile accidents	694,226	1.5
Other accidents	1,650,876	3.7
All other causes of death	12,617,242	27.9

*Total disbursed in death claims $46,191,339. Above tabulation does not include death claims on "paid-up" or automatic term extension business. A table showing claim disbursements in 1920 is given on page 3 of the February, 1921, *Statistical Bulletin.*

LESSONS FROM RECENT TYPHOID FEVER STATISTICS

For the first time in five years, the death rate from typhoid fever did not show a marked improvement over that for the preceding year. During the last decade, the decline was so rapid and continuous that we felt justified to call typhoid fever a "vanishing disease." But, in 1921, there was a change. The rate, 6.6 deaths per 100,000 living Metropolitan policyholders, was about the same as in 1920. In fact, during the last half of the year, the rate was actually higher than in the same period of the preceding year. This slackening in the decline of the typhoid fever death rate among insured wage earners probably occurred also in the general population and suggests that a serious disturbing factor was introduced for which the health authorities were not fully prepared.

The best explanation that we can offer for the cessation in the fall in the death rate was the unusual temperature conditions of 1921. The year was characterized by a worldwide excess of heat and deficiency of rain. In New York City, for example, there was an excess of 1,046 degrees of temperature above normal and the rainfall was 10.25 inches less than the average for a long period of time. The shortage of rain was constant over most parts of the United States and over the world. It was responsible for droughts in many places. The water supply was consequently lowered to the danger point in many cities. Therein probably lies the explanation for the increased typhoid fever rate for the last half of 1921. For, with lowered water supplies, there was immediate need for access to impure and discarded sources, where there were no adequate facilities for the requisite treatment which would insure safety. The lesson to be drawn is obviously that health officers and official sanitarians of states and cities should in the future be prepared with emergency outfits for the sterilization of community water supplies in the event of such accidents of nature as occurred last year.

These figures suggest a look into the future and into the need for increased health activities if we are, in fact, to bring typhoid fever under that absolute control which is the hope of every sanitarian. With the decline in the typhoid fever death rate, it becomes more and more difficult to control residual factors in typhoid fever causation. The easy methods by which hundreds of cases could be averted are no longer available to the health officer. He must from now on pay a bigger price for his success with typhoid fever. Cases that do occur are the result of difficulty in detecting and recognizing

carriers, faults in the sterilization of milk supplies, the poor supervision of cases and contacts and late notification of cases. Case fatality is still high because of inadequacies in medical and nursing care. In England and Wales, where the control of typhoid fever has been admirably carried out, it has taken twelve years (from 1908 to 1920) to bring the rate down from 7.5 to 1.4 per 100,000. The United States to-day is about where England was in 1908. The question is: Are we willing to wait twelve years for a negligible death rate, or shall we, by increased effort and intensive study of the problem, cut this period down to six years or perhaps even four years?

The lesson from public health work is that the suppression of typhoid fever can be quickly accomplished. Increased facilities for vaccination against typhoid fever among those groups of the population where typhoid is more prevalent, the more intensive inspection of food handlers, the better medical and nursing care of cases that occur, the more extensive and more efficient pasteurization of milk, all of these, if made nationwide in scope, will bring us the results hoped for at an early date.

MORE AUTOMOBILE FATALITIES THAN PUBLISHED FIGURES SHOW

The number of deaths in automobile accidents is large and has been increasing steadily for years. The statistics show this clearly. But even more people are killed in accidents incidental to the operation of automobiles than is shown by the figures that are published from year to year.

A considerable number of persons who drive or ride in automobiles are killed during the course of a year in collisions with railroad engines or trolley cars. Such deaths are not classified in mortality statistics as due to automobile accidents. They are charged to the totals caused by the heavier vehicles, that is, by the engines or trolley cars. Established rules followed by vital statistics offices require this. Realizing that the figures published have not pictured accurately the death toll consequent on the operation of automobiles and motor trucks, the Metropolitan Life Insurance Company has been studying, during the past year, the deaths of its Industrial policyholders charged to railroad and street car accidents, with a view to determining how many of those killed in this way were drivers of, or passengers in, automobiles. The result is both interesting and significant.

During the year 1921, according to the Metropolitan's preliminary figures, the deaths of 1,642 Industrial policyholders were classified as due to automobile accidents. In addition to this number, it develops that 65 were killed in collisions between railroad engines and automobiles, and that 42 more died as the result of collisions between trolley cars and automobiles. If these 107 deaths had been added to the 1,642 officially classified as deaths in automobile accidents, the total would have been increased to 1,749, and the automobile death rate from 11.9 to 12.7 per 100,000 living. This amounts to an increase of six and one-half per cent.

The effect of these figures may be looked at from another angle. During the year 1921 the deaths of 527 Metropolitan policyholders were charged to railroad accidents. Included in this number were the 65 deaths in collisions between engines and automobiles. If these 65 deaths were deducted from the railroad accident total, there would remain only 462 and if the death rate were based on the latter figure, it would have been 3.4 per 100,000 instead of 3.8, which represents a difference of 10.5 per cent.

Applied to fatal street car injuries, the figures are even more impressive. To this cause 235 deaths were ascribed by the Company in 1921; but 42 of these were due to collisions between trolley cars and automobiles. If these were deducted, the deaths charged to street car accidents would have been reduced to 193, or by 17.9 per cent.

It has long been understood that official figures for these classes of accidents do not give the number of deaths in which the actual blame rests upon the operation of railroads, trolley cars or automobiles. We believe it fairly safe to assume, however, that in the great majority of these collisions the onus rests upon the operator of the automobile rather than upon the railroad engineer or trolley car motorman. Certain it is that these accidents occur on the railway or trolley system rights of way.

The automobile is, from every angle, a very dangerous instrument of destruction and its more effective supervision is urgently called for as a life conservation measure.

PUBLIC HEALTH DURING LAST QUARTER OF 1921

The following table presents the death rates among white and colored policyholders, respectively, for the final quarters of 1921, 1920 and 1919:

Death Rates per 100,000 Persons Exposed. Last Quarters of 1919, 1920 and 1921 Compared by Color for Principal Causes of Death. Industrial Department, Metropolitan Life Insurance Company Premium Paying Business

Cause of Death	Death rates per 100,000 persons exposed					
	White			Colored		
	Oct.-Dec. 1921	Oct.-Dec. 1920	Oct.-Dec. 1919	Oct.-Dec. 1921	Oct.-Dec. 1920	Oct.-Dec. 1919
All causes of death	752.4	771.9	781.3	1262.8	1303.7	1305.3
Typhoid fever	6.4	7.5	6.9	16.7	14.6	18.2
Measles	.8	2.7	2.8	.5	.3	.5
Scarlet fever	5.4	7.1	4.8	.7	1 3	1.1
Whooping cough	1.3	3.8	2.5	2.1	6.3	2.9
Diphtheria and croup	32.0	32.2	33.2	17.2	9.3	10.7
Influenza	5.3	5.5	9.8	12.2	14.1	18.2
Tuberculosis—all forms	81.0	97.2	106.2	233.8	259.9	281.2
Tuberculosis of lungs	73.2	87.2	95.8	214.7	235.3	259.3
Tuberculous meningitis	2.9	4.8	5.1	4.5	6.8	6.7
Other forms of tuberculosis	5.0	5.3	5.4	14.6	17.8	15.2
Meningitis—total	4.4	3.9	5.3	5.3	3.3	4.3
Cerebrospinal meningitis	.4	3.2	4.4	.2	3.0	2.9
Cerebral hemorrhage; apoplexy	58.4	53.5	53.3	92.2	92.2	90.5
Organic dis. of heart	107.2	97.6	95.5	166.5	152.2	154.6
Total respiratory diseases	66.7	66.7	70.5	119.4	115.3	118.3
Bronchitis	5.7	5.6	6.6	9.3	10.3	10.1
Bronchopneumonia	19.6	20.5	21.7	28.2	25.9	25.6
Pneumonia—lobar and undef.	33.6	33.0	34.8	69.5	67.3	71.8
Other dis. of respiratory syst.	7.9	7.7	7.5	12.4	11.8	10.7
Diarrhea and enteritis	12.3	15.9	15.9	10.5	17.1	17.9
Under 2 years	5.5	7.4	7.2	1.7	4.3	4.5
2 years and over	6.7	8.5	8.7	8.8	12.8	13.4
Nephritis and Bright's disease	65.3	64.0	67.4	124.7	123.5	124.4
Total puerperal state	15.2	15.7	14.9	24.8	27.9	26.7
Puerperal septicemia	5.8	6.1	4.6	8.4	14.8	13.1
Puerperal albuminuria and convulsions	3.9	4.0	4.5	8.4	5.3	6.4
Other dis. of puerperal state	5.4	5.6	5.8	8.1	7.8	7.2
Total external causes*	61.4	67.6	67.4	89.3	97.9	90.5
Suicides	7.3	6.6	4.9	6.4	3.0	5.6
Homicides	4.4	3.1	3.1	28.9	29.4	27.0
Accidental and unspecified violence**	49.6	57.5	56.8	53.7	65.5	56.6
Accidental drowning	2.4	3.6	3.8	2.9	5.0	3.5
Automobile accidents	14.1	14.6	12.8	9.3	6.5	10.4
War deaths	.2	.3	2.6	.2	—	1.3
All other and ill-defined causes of death	229.1	231.1	225.0	346.8	368.9	345.3

* Includes "war deaths." ** Excludes "war deaths."

HEALTH RECORD FOR JANUARY, 1922

The new year has begun very favorably. The death rate for January (9.1 per 1,000 Industrial policyholders) was lower than for January, 1921 (9.5), and for January of 1920 (10.4). Despite the presence of a mild influenza epidemic, the general health conditions among the Industrial policyholders actually show improvement over prior years and, taken as a whole, are satisfactory.

Special interest attaches at this time to the influenza figures, in view of the stress laid upon the presence of this disease in the country. The death rate among the Industrial policyholders was only 12.6 per 100,000. This is not an abnormal nor an unusual January figure for this disease. It is only 23.5 per cent. higher than that in evidence for January, 1921 (10.2). As for pneumonia, while there was a sharp increase over the mortality of December, the outstanding fact is that the death rate (101.5 per 100,000) was actually lower than prevailed for this disease in January, 1921. In the same month of 1920, the pneumonia rate was 124.3. Present indications are that although influenza has reached epidemic prevalence in certain parts of the Country, the disease has been so far of a mild type, rather than of the kind which prevailed during the 1918 pandemic, and which, in a high per centum of the cases, developed quickly into pneumonia and caused death.

Our January figures for tuberculosis are even more favorable than were those in evidence throughout 1921. The death rate (102.3) marks a decline of 12.2 per cent., as compared with the figure for January, 1921. Very gratifying features of the health situation are lower rates for scarlet fever and diphtheria than prevailed a year ago. These rates are still far too high to indicate that these diseases are being adequately controlled, but the reduction, in each case, is sufficiently large to justify the hope that it marks the beginning of a definite turn in the tide of the high mortality which has prevailed (more particularly for diphtheria) during the past two years. Other favorable developments are lower rates for suicides and for the group of accidental causes than those shown for this month last year.

There are a number of causes, on the other hand, which show higher death rates than during the first month of last year. The increase for organic heart disease is rather pronounced, as is evidenced by a rise in the rate from 127.7 in January, 1921, to 137.2 for January of this year. The figure for cancer, also, is higher than that in

evidence a year ago; the Bright's disease rate is 8 per cent. above that for last January; the homicide rate shows only a very slight increase, it is true; but it should be borne in mind that the figure for last year was also high, and that any increase at all is an unhealthy symptom. The situation with reference to automobile fatalities is more discouraging than ever. A rate of 8.5 per 100,000 for January is extremely disheartening to agencies interested in public safety. Last year the January figure was 7.8. Despite the great publicity given to fatal automobile accidents in recent months, conditions are evidently getting worse instead of better.

The death rate among the general population of the large cities of the United States for January was 13.8 per 1,000 estimated population. This was slightly higher than the figure for January of 1921.

Influenza is the outstanding item of interest in the public health situation. The United States Public Health Reports for the first three weeks of January indicate that there was a decided increase in morbidity as compared with December. There was evidently a low case fatality rate, indicating that the type of the disease is, for the most part, mild. Reports of the Public Health Service available at this time show the highest prevalence of influenza in scattered sections of the Country, namely, in the states of Arkansas, New York and Wisconsin.

Scarlet fever was especially prevalent in certain sections during January. In Galesburg, Michigan, a town of 600 population, there were between forty and fifty cases. In Tenafly, New Jersey, schools were closed and children under sixteen were barred from motion picture shows on account of the prevalence of scarlet fever. There has been an unusual number of cases in New York City, where an appropriation of $75,000 was voted to employ additional health inspectors, doctors and nurses to handle the situation. Scarlet fever caused the quarantining of the girls' dormitory at Mount Union College, Alliance, Ohio. It has increased alarmingly recently in Delaware—more particularly in the city of Wilmington, in Dagsboro, and in Newark, Delaware, where primary and grammar schools had to be closed. Scarlet fever was also epidemic at Russelton, Pennsylvania.

California, Minnesota, Washington, Illinois and Wisconsin, in the order stated, reported the most smallpox. In the eastern counties of Oklahoma, bordering on Arkansas, there was an epidemic of considerable severity. There was a conference of state, district,

county and city health officials, following which quarantines were declared against all eastern Oklahoma counties bordering Arkansas. In three Oklahoma towns, compulsory vaccination was enforced. Six cases of the disease were reported in three weeks from the Woods Run district of Pittsburgh. In Manassas, Virginia, twenty cases of smallpox occurred before the disease was recognized. Vaccination of every child of school age has been required.

There were fewer reports of cases of diphtheria throughout the country than for December. The disease has been epidemic in Prentiss, Maine.

Typhoid fever was also less prevalent during the past month. New York and Louisiana reported more cases than other states. Typhoid fever has declined in Philadelphia to such an extent that the Department of Health has issued a bulletin advising citizens as to how the disease may be practically eliminated. The health authorities assert that practically every case they now encounter originates from without the city.

In Graham Terrace, Pennsylvania, there has been a considerable epidemic of measles, mumps and chickenpox. The situation became so serious that the public schools were closed, and all public meetings, including church services, were suspended.

The table below displays the mortality among Industrial policyholders for January, 1922, for December and January, 1921, and for the year 1921.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes, Premium-paying Business in Industrial Department.
(Annual Basis)

MONTHS OF DECEMBER, 1921, JANUARY, 1922, AND OF JANUARY, 1921.

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED			
	Jan., 1922	Dec., 1921	Jan., 1921	Year 1921*
TOTAL—ALL CAUSES	910.0	885.9	948.7	**853.8**
Typhoid fever	3.7	6.0	3.7	6.6
Measles	2.3	1.3	3.0	3.1
Scarlet fever	7.2	5.5	10.2	6.9
Whooping cough	1.9	1.1	3.8	3.9
Diphtheria	24.7	31.3	28.4	23.3
Influenza	12.6	7.2	10.2	8.6
Tuberculosis (all forms)	102.3	105.6	116.5	115.1
Tuberculosis of resp'y. system	93.1	96.5	107.7	103.6
Cancer	69.0	76.6	66.6	70.4
Cerebral hemorrhage	63.7	70.6	64.1	60.9
Organic diseases of heart	137.2	124.9	127.7	115.0
Pneumonia (all forms)	101.5	76.5	106.0	66.5
Other respiratory diseases	16.0	16.2	18.5	14.1
Diarrhea and enteritis	7.7	7.1	8.8	13.9
Bright's disease (chronic nephritis)	74.5	71.9	68.9	66.7
Puerperal state	17.3	17.0	17.5	19.5
Suicides	6.0	6.9	7.7	7.5
Homicides	7.3	8.4	7.2	6.6
Other external causes (excluding suicides and homicides)	47.9	50.2	50.7	56.2
Traumatism by automobile	8.5	12.5	7.8	11.9
All other causes	207.5	201.8	200.2	189.0

* Based on provisional estimates of lives exposed to risk in 1921.

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Tuberculosis (all forms)	102.3	105.6	116.5	115.1
Tuberculosis of resp'y. system	93.1	96.5	107.7	103.6
Cancer	69.0	76.6	66.6	70.4
Cerebral hemorrhage	63.7	70.6	64.1	60.9
Organic diseases of heart	137.2	124.9	127.7	115.0
Pneumonia (all forms)	101.5	76.5	106.0	66.5
Other respiratory diseases	16.0	16.2	18.5	14.1
Diarrhea and enteritis	7.7	7.1	8.8	13.9
Bright's disease (chronic nephritis)	74.5	71.9	68.9	66.7
Puerperal state	17.3	17.0	17.5	19.5
Suicides	6.0	6.9	7.7	7.5
Homicides	7.3	8.4	7.2	6.6
Other external causes (excluding suicides and homicides)	47.9	50.2	50.7	56.2
Traumatism by automobile	8.5	12.5	7.8	11.9
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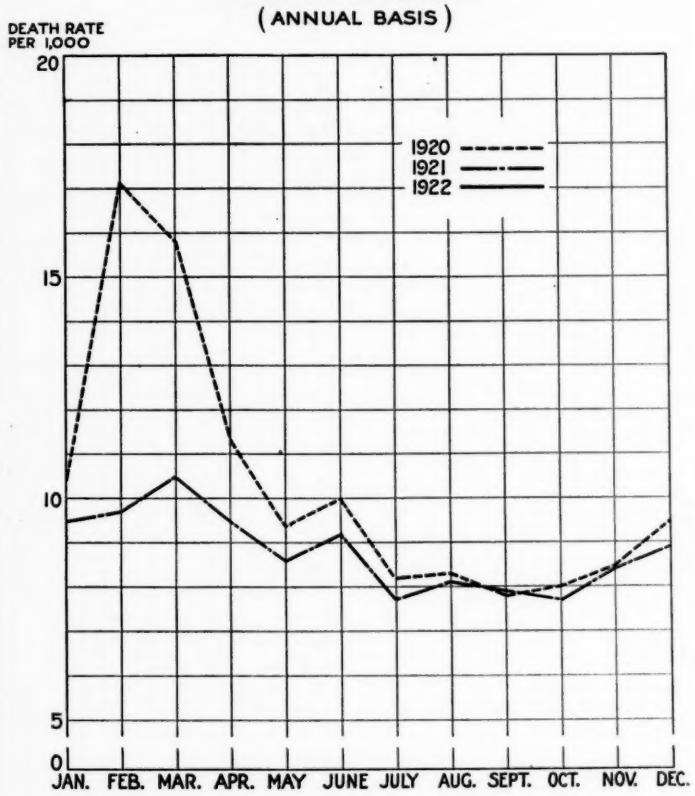
Metropolitan Life Insurance Company,
1 Madison Avenue, New York City.

DEATHRATE *per* 1,000 IN SPECIFIED MONTHS OF 1920, 1921, 1922

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT
(ANNUAL BASIS)



	1920	1921	1922
JAN.	10.4	9.5	9.1
FEB.	17.1	9.7	
MAR.	15.8	10.5	
APR.	11.3	9.5	
MAY	9.4	8.6	
JUNE	10.0	9.2	

	1920	1921	1922
JULY	8.2	7.7	
AUG.	8.3	8.1	
SEPT.	7.8	7.9	
OCT.	8.0	7.7	
NOV.	8.5	8.4	
DEC.	9.5	8.9	

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